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Approved for use through 7/31/2008. OMB 0331-0001

PATENT APPLICATION FEE DETERMINATION RECORD

PTO/SB08 (03-03)

Substitute for Form PTO-876

PTO/SB08 (03-03)

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N RECORD

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-876

89-83675-1

CLAIMS AS FILED - PART 1

Figure 1)

[Column 1]

		(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA	
BASIC FEE DT CFA 1.14(a))			
TOTAL CLAIMS DT CFA 1.14(a))	24	minus 20 =	
INDEPENDENT CLAIMS DT CFA 1.14(b))	5	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT.			DT CFA 1.14(c))

SMALL ENTITY

89

**OTHER THAN
SMALL ENTITY**

RATE	FEE
NR	
NR	
NR	
NR	
TOTAL	

RATE	FEE
22 _____	2 _____
22 _____	
48 _____	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART B

Conclusion 1)

(Column 2)

12-4700 20

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REPAIRING AFTER ALPHABET		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
* Total of 27 1.10-9	24	None	24		
Independent of 27 1.10-9	5	None	3		

FIRST PRESENTATION OF MULTIPLE DEFENDOR CLAIM (27 OF 1.10-9)

SMALL ENTITY

of

**OTHER THAN
SMALL ENTITY**

DATE	ADDITIONAL FEE
11-25-95	
11-26-95	
11-27-95	
TOTAL ADDL FEE	

DATE	ADDITIONAL FEE
4.50	
8.00	
3.40	
TOTAL	ADDITIONAL FEE

12.5.06

Column 1)

Column 21

PC-200-30

AMENDMENT B:	(Column 1)		(Column 2)	(Column 3)
	CLASSES REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total of CTR Lines	24	None	24	
Independent of CTR Lines	5	None	5	

FIRST PRESENTATION OF MULTIPLE DEFICIENT CLASS BY CTR L. 10/10

RATE	ADDITIONAL FEE
25	
100	
100	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
XL 50	
XL 100	...
XL 360	
TOTAL ADDITIONAL	

AMENDMENT B.

October 11

PCulture 20

Rating 31

AMENDMENT C	Column 1		Column 2	Column 3
	CLASSES REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total of CFA 1,000		None	"	"
Excess of CFA 1,000		None	"	"

FIRST PRESENTATION OF MULTIPLE DEFICIENT CLASS: OF CFA 1,000

RATE	ADDITIONAL FEE
25	
100	
180	
TOTAL	
ADDS	

DATE	ADD- TIONAL PER
50	
100	
360	
TOTAL	

AMENDMENT C

* If the entry in column 1 is less than the entry in column 2, write "X" in column 3.
 * If the "Total Number Previously Paid For" IS THIS SPACE is less than 20, enter "20".
 * If the "Total Number Previously Paid For" IS THIS SPACE is less than 20, enter "20".
 * If the "Total Number Previously Paid For" IS THIS SPACE is less than 20, enter "20".

[illegible]

If you need assistance in completing the form, call 1-800-PTD-8789 and select option 1.